

Ensuring Safe and Appropriate Prescription Opioid Use

Southern California Permanente Medical Group Kern County to San Diego



Pain relief is one of the central duties of a compassionate physician, and Southern California Permanente Medical Group (SCPMG) takes pride in assuring appropriate and high quality pain management for its patients. However, misuse of prescription drugs, primarily opioid painkillers, has become a public health problem.

The Challenge

- In 2009, more than 15,000 Americans died from prescription opioid misuse, four times more than in 1999 and exceeding the total number of deaths from heroin and cocaine combined.
- The number of opioid prescriptions has increased 68% during the same period to epidemic proportions, from 120 million to 202 million.
- Between 2004 and 2010, ED visits involving prescription pain reliever misuse increased more than 150%.
- The misuse of opioids often leads to threatening side effects.

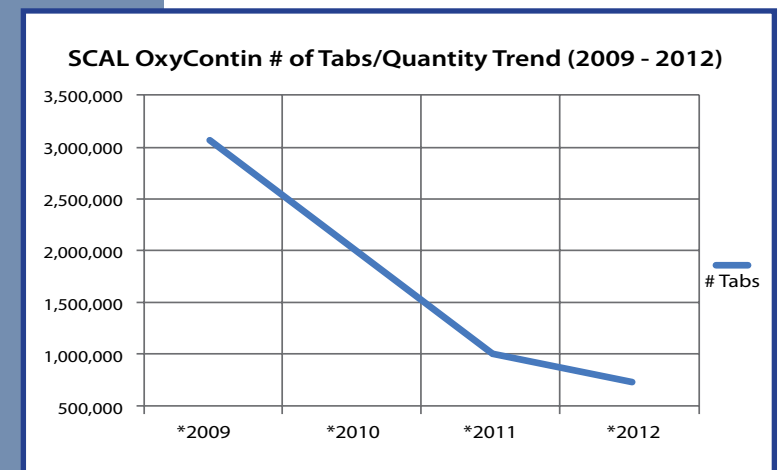
The Process

In 2009, SCPMG re-examined its approach to pain management to have less dependency on opioid medications, to decrease prescription opioid abuse in the community, while upholding the duty to relieve pain and suffering.

SCPMG interventions included these key strategies:

- Multidisciplinary teams from the departments of Pain Management, Primary Care, Addiction Medicine, Pharmacy, Psychiatry, IT, and Physical Medicine were established at the regional and medical center level.
- Self-imposed prescribing guidelines on new OxyContin (oxycodone) and Opana (oxymorphone). Limit prescribing to oncology, pain management, and hospice/palliative care physicians.
- Medical center teams receive ongoing high-risk prescribing reports to evaluate and address high-utilizing patients and physicians with high-risk prescribing patterns.

- The 30-30 Refill Policy added OxyContin and Opana to KPSC's list of high-risk medications, limiting them to a 30-day supply, which patients are not allowed to refill for 30 days.
- Kaiser Permanente pharmacists support prescription policies by:
 - Enforcing the 30-30 refill policy to ensure patients do not doctor shop or receive too many pills at once.
 - Calling prescribers to discuss what they perceive to be unusual or excessive prescribing of opioids.



- SCPMG added specific decision-support tools in the EMR to provide medication menus, medication alerts and questionnaires to inform prescribing physicians of the risks, preferred and maximum doses, links to evidence-based guidelines, and prompts for alternative choices.
- More than 5,000 SCPMG physicians receive regular education regarding appropriate opioid prescribing.
- SCPMG and KPSC Pharmacy Operations implemented the Brand When Generic Available (BWGA) initiative, targeting brand-name opioid prescriptions with higher street value than generics.

The Outcomes

- OxyContin usage by SCPMG declined from 2009 to 2012 – 71% reduction in prescriptions and 75% reduction in total number of tablets dispensed.
- Actiq usage also declined between 2010 and 2012 – 66% fewer prescriptions and 75% fewer units.
- Prescriptions of branded hydrocodone products – Vicodin and Lortab -- have declined between 2010 and 2012 – a reduction of 65% prescriptions and 68% total number of tablets dispensed.



With diversity as its dominant characteristic, about 57,000 Kaiser Permanente Southern California (KPSC) employees and staff, and nearly 5,300 Southern California Permanente Medical Group physicians provide health care services to nearly 3.5 million members at the Southern California Region's 14 medical centers and 197 medical offices.

- 7,653 SCPMG physicians
- 14 Medical Centers
- 13 Service Areas
- 197 Medical Offices
- 92 Primary Care Clinics
- 3.5 Million Members

For more information contact Joel D. Hyatt, MD, joel.d.hyatt@kp.org

SCAL Reductions in Rxs (2009 vs. 2012)

